

GOVERNMENT OF THE VIRGIN ISLANDS
DEPARTMENT OF PLANNING AND NATURAL RESOURCES



DIVISION OF BUILDING PERMITS

STT/STJ DISTRICT
TEL: (340) 774-3320
FAX: (340) 714-9532

STX DISTRICT
TEL: (340) 773-1082
FAX: (340) 778-4620

Date: _____ Telephone No(s) _____

REQUEST IS HEREBY MADE FOR THE ISSUANCE OF A CERTIFICATE OF USE AND OCCUPANCY FOR THE FOLLOWING PROPERTY:

LOCATION OF WORK: _____

OWNER(S): _____

DESCRIPTION: ☐ First Floor ☐ Second Floor ☐ Entire Building ☐ Other
☐ Single Family ☐ Two Family ☐ Commercial

Contractor:	DATE APPROVED
Building Permit No.:	
Sanitary Permit No.:	
Electrical Permit No.:	
Mechanical Permit No.:	
Coastal Zone Permit No./Earth Change:	

DEPARTMENTAL USE ONLY

DESCRIPTION OF BUILDING:

TYPE OF STRUCTURE: _____ NO. OF STORIES: _____

NO. OF BEDROOMS: _____ NO. OF BATHROOMS: _____

OTHER ROOMS: (LIST) _____

INSPECTED BY: _____ DATE: _____

REMARKS:

The work authorized by these permits complies with the Virgin Islands Building, Housing and Zoning Codes, the Coastal Zone Management Act, and the provisions of the Coastal Zone Permit issued thereto.

CERTIFICATION OF SUPERVISION

UPON APPLICATION FOR A CERTIFICATE OF USE AND/OR OCCUPANCY.

TO: The Commissioner of Planning & Natural Resources
(through the Division of Building Permits)

FROM: Certifying Building Supervisor of construction mentioned below

SUBJECT: **CERTIFICATION OF SUPERVISION AND TRADE WORKMANSHIP**

LEGAL DESCRIPTION

NAME OF OWNER: _____

LOCATION OF BUILDING: _____

BUILDING PERMIT NUMBER: _____ DATE ISSUED: _____

NAME OF DESIGNER: _____ TITLE: _____

NAME OF CERTIFYING SUPERVISOR: _____

I hereby certify that the above mentioned project has been built under my supervision and that in its construction all the provisions of the V.I. Building Code and all other applicable laws are complied with. Also, pursuant to V.I. Code, Title 29, Chapter 5, §294 (c) and §298 (b) the work done is in compliance with the work proposed on Building Permit.

Signature: _____

Certifying Supervisor

Date: _____